

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

APPLICATION FOR LIMITED TRANSPORTATION PERMIT [LTP]
EFFECTIVE OCTOBER 1, 20_____ TO SEPTEMBER 30, 20_____

This permit will authorize the transportation of alcoholic beverages from points within New Jersey, including piers of import, to points outside of this State, and from points outside of New Jersey to piers of export within New Jersey. Transportation must be in vehicles which display New Jersey Limited Transportation Insignia issued to permittee.

This application must be accompanied by a fee of **\$500.00** in the form of a company check, check or money order payable to the Division of ABC. This application must also be accompanied by the permittee's request for *Limited Transportation Insignia*.

1. Name of Applicant:_____

2. Trade Name[s], if any, under which business may be conducted:

3. Applicant's Federal Taxpayer ID No.:_____

4. Address of Applicant:_____

5. Mailing Address:_____

6. Business Telephone No.:()_____

7. **IF APPLICANT IS A PARTNERSHIP**, provide following information concerning each partner: (Attach additional pages, if necessary.)

NAME	ADDRESS	SOCIAL SECURITY NO.

8. **IF APPLICANT IS A CORPORATION**, in what State incorporated_____. Provide following information concerning all officers and directors of the corporation: (Attach additional pages, if necessary.)

NAME	ADDRESS	SOCIAL SECURITY NO.

9. Has your business previously held a Limited Transportation Permit?
If yes, provide Permit Number_____.
10. Identify the location where vehicles to be used under the authority
of this permit are garaged:

11. Please provide a full description of your business:

12. Does your business hold an alcoholic beverage license in New Jersey
or in any other State?_____ If yes, please identify the type of
license and the issuing authority of that license:

BEFORE FILING APPLICATION, PLEASE EXECUTE THE FOLLOWING AFFIDAVIT:

STATE OF)

ss.)

COUNTY OF)

_____, being duly sworn according to law, upon
his/her oath, deposes and says that he/she is the individual applicant or
partner in the partnership applicant or _____ of the
corporate applicant; (Title)

that the applicant hereby consents to inspection and search of any vehicle
operated under the authority of this permit, without warrant and at all
hours, by the Director, his/her deputies, investigators and authorized
agents;

that he/she is the person whose signature appears below and that the
contents of this application represent complete disclosure of fact, and
that the contents of this application are true.

DATED:_____/_____/_____

TITLE/SIGNATURE OF APPLICANT

Sworn to and subscribed before me this

_____ day of _____, 2_____

**TITLE/SIGNATURE OF OFFICER
ADMINISTERING OATH**